

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004360

**Entity Name:** FLEMING ISLAND UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**7170 U.S. 17  
FLEMING ISLAND, FL 32003**Current Mailing Address:**7170 U.S. 17  
FLEMING ISLAND, FL 32003**FEI Number: 59-3298525****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**VON BALSON, TERRI D  
1274 GUM LEAF ROAD  
JACKSONVILLE, FL 32226 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: TERRI VON BALSON****03/15/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	V
Name	COLLINS, MICHAEL
Address	2395 STONEY GLEN DRIVE
City-State-Zip:	ORANGE PARK FL 32003

Title	TREASURER
Name	BRASHEAR, KAREN
Address	1644 ROYAL FERN LANE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	CHAIRMAN, TRUSTEE COMMITTEE
Name	BRASHEAR, RUSS
Address	1644 ROYAL FERN LANE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	PASTOR
Name	HARDING, HEATHER
Address	477 WYNFIELD CIRCLE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	SECRETARY
Name	BORING, ALLISON
Address	1840 SEA PINES LANE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	CHAIRMAN, FINANCE COMMITTEE
Name	OWENS, NICKIE
Address	4841 RAGGEDY POINT ROAD
City-State-Zip:	FLEMING ISLAND FL 32003

Title	BUSINESS MANAGER
Name	VON BALSON, TERRI D
Address	1274 GUM LEAF ROAD
City-State-Zip:	JACKSONVILLE FL 32226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TERRI VON BALSON****BUSINESS MANAGER****03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date